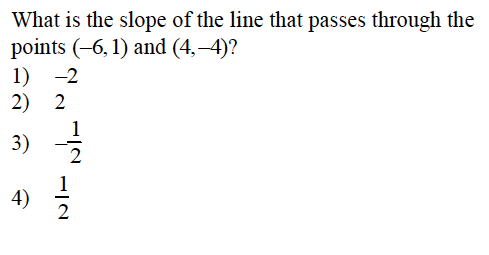
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

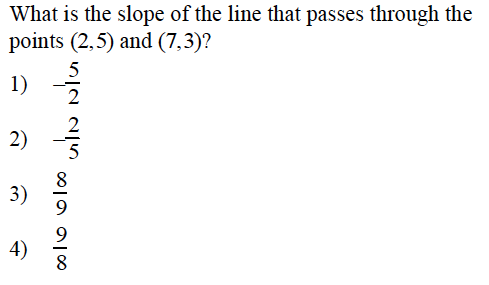
Slope Practice

Answer each of the questions below. PLEASE SHOW ALL YOUR WORK.

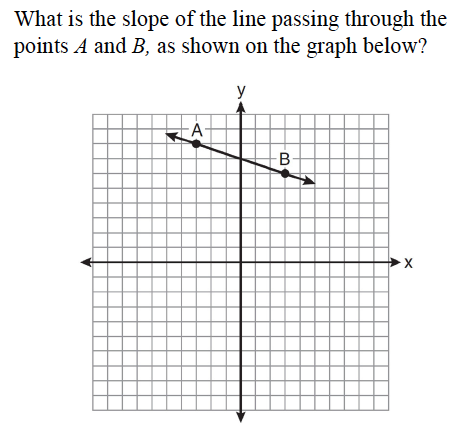
1.



2.



3.



4.

